

1 AN ACT in relation to public health.

2 Be it enacted by the People of the State of Illinois,  
3 represented in the General Assembly:

4 Section 1. Short title. This Act may be cited as the  
5 Suicide Prevention and Treatment Act.

6 Section 5. Definitions. For the purpose of this Act,  
7 unless the context otherwise requires:

8 The term "Council" means the Comprehensive Suicide  
9 Prevention Strategy Council.

10 The term "Department" means the Department of Human  
11 Services.

12 The term "Secretary" means the Secretary of Human  
13 Services.

14 Section 10. Findings. The General Assembly makes the  
15 following findings:

16 (1) The Surgeon General of the United States has  
17 described suicide prevention as a serious public health  
18 priority, and has called upon each state to develop a  
19 statewide comprehensive suicide prevention strategy using  
20 a public health approach. Suicide now ranks eighth among  
21 causes of death.

22 (2) In 1998, 1064 Illinoisans lost their lives to  
23 suicide, an average of 3 Illinois residents per day. It  
24 is estimated that there are between 20,000 and 35,000  
25 suicide attempts in Illinois every year. Three and 1/2  
26 percent of all suicides in the nation take place in  
27 Illinois.

28 (3) Among older adults suicide rates are  
29 increasing, making suicide the leading fatal injury among  
30 the elderly population in Illinois. As the proportion of

1 Illinois' population age 75 and older increases, the  
2 number of suicides among persons in this age group will  
3 also increase, unless an effective suicide prevention  
4 strategy is implemented.

5 (4) Adolescents are far more likely to attempt  
6 suicide than other age groups in Illinois. Data indicate  
7 that there are 100 attempts for every adolescent suicide  
8 completed. In 1998, 155 Illinois youths died by suicide.  
9 Using this estimate, there were likely more than 15,500  
10 suicide attempts made by Illinois adolescents, or  
11 approximately 50% of all the estimated suicide attempts  
12 that occurred in Illinois.

13 (5) Of all of the violent deaths associated with  
14 schools nationwide since 1992, 14% were suicides.

15 (6) Homicide and suicide rank as the fourth and  
16 fifth leading causes of death for youth, respectively.  
17 Both are preventable. While the death rates for  
18 unintentional injuries decreased by more than 35% between  
19 1979 and 1996, the death rates for homicide and suicide  
20 increased for youth. Evidence is growing in terms of the  
21 links between suicide and other forms of violence. This  
22 provides compelling reasons for broadening the State's  
23 scope in identifying risk factors for self-harmful  
24 behavior. The number of estimated youth suicide attempts  
25 and the growing concerns of youth violence can best be  
26 addressed through the implementation of successful  
27 gatekeeper training programs to identify and refer youth  
28 at risk for self-harmful behavior.

29 (7) The American Association of Suicidology (AAS)  
30 conservatively estimates that the lives of at least 6  
31 persons related to or connected to individuals who  
32 attempt or complete suicide are impacted. Using these  
33 estimates, in 1998 more than 275,000 Illinoisans  
34 struggled to cope with the impact of suicide.

1           (8) Decreases in alcohol and drug abuse, as well as  
2 decreases in access to lethal means, significantly reduce  
3 the number of suicides.

4           (9) Actual incidences of suicide attempts are  
5 expected to be higher than reported because attempts not  
6 requiring medical attention are not required to be  
7 reported. The underreporting of suicide completion is  
8 also likely because suicide classification involves  
9 conclusions regarding the intent of the deceased. The  
10 stigma associated with suicide is also likely to  
11 contribute to underreporting.

12           (10) Without interagency collaboration and support  
13 for proven, community-based, culturally competent suicide  
14 prevention and intervention programs, the incidence of  
15 occurrences of suicide is likely to rise.

16           (11) Emerging data on rates of suicide based on  
17 gender, ethnicity, age, and geographic areas demand a new  
18 strategy that responds to the needs of a diverse  
19 population.

20           (12) According to Children's Safety Network  
21 Economics Insurance, the cost of youth suicide acts by  
22 persons in Illinois who are under 21 years of age totals  
23 \$539,000,000 including medical costs, future earnings  
24 lost, and a measure of quality of life.

25           (13) Suicide is the fifth leading cause of death in  
26 Illinois for persons between the ages of 15 and 24.

27           (14) In 1998 there were 1,116 homicides in  
28 Illinois, which outnumbered suicides by only 52. Yet, so  
29 far, only homicide has received funding, programs, and  
30 media support.

31           (15) According to the 1999 national report on  
32 statistics for suicide of the American Association of  
33 Suicidology, categories of unintentional injury, motor  
34 vehicle deaths, and all other deaths include many

1 reported and unsubstantiated suicides that are not  
2 identified correctly because of poor investigatory  
3 techniques, unsophisticated inquest jurors, and stigmas  
4 that cause families to cover up evidence.

5 (16) Programs for HIV infectious diseases are very  
6 well-funded even though, in Illinois, HIV deaths numbers  
7 fewer than 50% of suicide deaths.

8 Section 15. Comprehensive Suicide Prevention Strategy  
9 Council.

10 (a) There is hereby created the Comprehensive Suicide  
11 Prevention Strategy Council. The Council shall develop and  
12 submit to the Governor and the General Assembly, by May 1,  
13 2004, a statewide comprehensive suicide prevention strategy  
14 that shall include specific measurable goals and proposed  
15 timelines for reaching those goals.

16 (b) The Council shall consider, as a model for the  
17 Illinois strategy, the United States Surgeon General's  
18 National Suicide Prevention Strategy. The Council shall  
19 review the statutorily prescribed missions of major State  
20 mental health, health, aging, and school mental health  
21 programs and recommend, as necessary and appropriate,  
22 statutory changes to include suicide prevention in the  
23 missions of those programs. The Council shall prepare a  
24 report of that review, including its recommendations, and  
25 shall submit the report to the Governor and the General  
26 Assembly by May 1, 2004.

27 (c) The members of the Council shall be appointed by the  
28 Secretary. The membership of the Council shall include all of  
29 the following:

30 (1) One representative of a statewide organization  
31 that advocates for the prevention of suicide and  
32 improvement of mental health treatment or provides  
33 suicide prevention or survivor support services.

1 (2) The Secretary, or his or her designee.

2 (3) The State Superintendent of Education, or his  
3 or her designee.

4 (4) The Director of Aging, or his or her designee.

5 (5) The Director of Corrections, or his or her  
6 designee.

7 (6) One representative of a county mental health  
8 department.

9 (7) One representative of a county health  
10 department.

11 (8) One representative of local law enforcement.

12 (d) The council shall initially meet no later than  
13 January 10, 2004. The council shall cease to exist as of  
14 January 1, 2005, unless subsequent legislation is enacted to  
15 extend that date.

16 Section 20. Youth and older adult suicide prevention  
17 pilot programs.

18 (a) The Department shall establish, no later than June  
19 30, 2004, 5 pilot programs that provide training and  
20 establish programs relating to youth and older adult suicide  
21 prevention to demonstrate the effectiveness of youth and  
22 older adult suicide prevention programs. The pilot programs  
23 shall be operational for 2 years. At least 2 of the pilot  
24 programs shall be targeted toward youth suicide prevention  
25 and at least 2 shall be targeted toward suicide prevention in  
26 older adults. At least one of the youth pilot programs shall  
27 be established according to the model youth suicide  
28 prevention program jointly developed by the United States  
29 Department of Health and Human Services, Public Health  
30 Service, Centers for Disease Control and Prevention, and the  
31 National Center for Injury Prevention and Control. The  
32 Secretary is encouraged to ensure that the pilot programs  
33 include at least one of the following prevention strategies:

- 1 (1) School gatekeeper training.
- 2 (2) Community gatekeeper training.
- 3 (3) General community suicide prevention
- 4 education.
- 5 (4) Screening programs.
- 6 (5) Peer support programs.
- 7 (6) Twenty-four hour crisis centers and
- 8 hotlines.
- 9 (7) Means restrictions.
- 10 (8) Interventions after a suicide.

11 (b) The funds appropriated for purposes of this Section  
12 shall be allocated by the Department on a competitive basis  
13 that shall include consideration of different rates of risk  
14 of suicide based on age, ethnicity, gender, prevalence of  
15 mental health disorders, and different rates of suicide based  
16 on geographic areas in Illinois.

17 (c) The Department shall prepare a report as to the  
18 effectiveness of the pilot programs established pursuant to  
19 this Section. The Department shall submit that report to the  
20 Governor and General Assembly no later than June 30, 2006.